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\*\* CONTINUING DATA \*\*\*\*\* CC

This appln claims benefit of 60/428,287 11/22/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\* CC

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NEW ZEALAND	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE CC	INITIALS		
Verified and Acknowledged				

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## TITLE

Vascular-preferred promoters

☐ All Fees

<b>FILING FEE</b>  <b>RECEIVED</b> 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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